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Communications.

INTRA-UTERINE INJECTIONS IN OBSTINATE MENORRHAGIA.

By O Crook, M. D.,

Of Dayton, Ohio.

Every physician occasionally meets in his practice with one of those trying cases of menorrhagia, of great obstinacy, and frequently of alarming severity, and after having gone through with the regular routine of remedies, recommended in such cases, such as astringents, tonics, cold applications, plugging the vagina, etc., etc., and having exhausted his own patience, as well as that of his patient, the unfortunate woman remains in about the same condition as when he commenced his treatment. The hemorrhage continues; or if held in abeyance for a while, it is only to break out again, at the next monthly period, with renewed vigor; or peradventure, nature may come to her relief, and do for her what the doctor and his remedies failed to do; or from the debilitated and exhausted condition of the system, some latent disease is developed, and unable to withstand the additional impairment, the case terminates fatally. Such has been my experience, and such I presume has been the experience of every physician, who has long been engaged in the practice of his profession; and the continued obstinacy of such cases, and the failure of the remedies used to secure the end desired, have, at times, almost impaired our confidence in all of them, and led us to inquire if some other mode of treatment might not be more rational, and also more successful.

Much difference of opinion has existed amongst the profession, as to the propriety of astringent injections into the uterus, in case of obstinate menorrhagia. Whilst some have regarded them as safe and proper, others of high authority have deprecated them, as being *extremely dangerous*, and attended with the most fatal consequences. This difference of opinion amongst medical men, has deterred the profession, generally, from the use of this valuable aid in the treatment of this disease; but I believe that I am safe in saying that the prejudice so long existing against the use of intra-uterine injections has been gradually giving way, and the practice is now looked upon with more favor.

The causes of menorrhagia are numerous, and a woman may be liable to an attack at any time during the period of menstrual life. But we most generally meet with obstinate cases in those women who have borne children, and also, about the time of the cessation of the menses. Menorrhagia may be active, or passive; it may arise from a plethoric condition of the system, and too great activity of the uterus, or from debility, and want of tone in the secretory orifices of the organ. That condition which at first might be regarded as *active*, will in time, in consequence of the excessive loss of blood, and the continued drain upon the system, become *passive;* and the symptoms, both general and local, become more formidable, and the treatment more difficult. It is in the treatment of this latter class of cases that I desire more particularly to call the attention of the profession to the use of tonic astringent injections into the uterus.

I need not enter into a detail of the anatomical character of the uterus. We know that it is internally lined with a delicate membrane resembling mucous membrane, which is abundantly supplied with blood-vessels, and abounding in small orifices, from which the blood at the time of the menses, as well as in menorrhagia, is supposed to flow. Now in case of excessive hemorrhage, how can we best constringe those bleeding orifices, when we find it necessary to do so. Can we not better effect our purpose by applying the astringent directly to the bleeding surface, rather than by the use of internal remedies, which can only at best affect the organ remotely? Every intelligent physician will say, first arrest the bleeding, if it can be done, and stop the drain from the system, and then constitutional remedies will have their effect, in combination with healthy food and open air exercise, in building up the system, and restoring the uterus to its normal condition.

But may we with safety apply our astringent

remedy directly to the bleeding part? I think so; and whilst I would not seem presumptuous, I would no more hesitate to inject the uterus, were it necessary to do so, than I would to make an application of the nitrate of silver to the eye, or throat, which is a common practice. I have done so in my practice in several instances for the past few years, and in no case have I seen any unpleasant consequences, but on the contrary, the most satisfactory results. I must admit that I had my misgivings at first, as to the propriety of injecting into the uterus astringent and irritating remedies, and it was only after I had lost confidence in the usual plan of treatment, that I determined to risk a trial of their effects.

The following cases will more fully illustrate my mode of treatment:

Case 1st. Mrs. L., aged 43, a woman of full habit, and the mother of eight children, had menorrhagia for nine months; six months of which time she was treated by another physician, without improvement. After taking charge of the case, I used the usual remedies, without success, and finally determined to try the efficacy of injections into the uterus. A gum-elastic catheter was passed into the uterus, and by means of a gum-elastic syringe, the end of the pipe being introduced into the open end of the catheter, I first washed out the womb with tepid water, and then injected about one ounce of the following solution:

℞. Acetatis plumbi, ℈i.
Aquæ, f.℥j. M.

The injection produced no unpleasant symptoms, and was repeated every day for three days; the discharge gradually subsiding, and finally it ceased entirely. Tonics, etc., were administered at the same time, and under their use the patient entirely recovered, and has menstruated regularly since, although somewhat advanced in life for regularity in this respect.

Case 2d. Mrs. M., aged 42, a woman of spare habit, and delicate health, suffering with cirrhosis of the liver, of which affection she has since died, was attacked with menorrhagia, which continued a constant dribbling from the uterus for three months. She became very much reduced. The stomach was so irritable, that almost every kind of food and medicine administered to her was rejected. I had used in this case injections of acetate of lead and sulphate of zinc, without arresting the hemorrhage.

Dr. A. Geiger, of this city, was called in consultation, and we concluded to use the perchloride of iron, as a more powerful astringent and tonic than either of the above salts. After washing out the uterus with tepid water, about an ounce of the following solution—

℞. Ferri perchloridi, f.℥i.
Aquæ, f.℥iij. M.

was thrown in. No unpleasant effects followed its use, other than a feeling of contraction of the uterus. The bleeding was partially arrested, and on the following morning the blood came away in dark clots. A stronger solution was then injected, followed with still more favorable results, and continued every other day for a week, when the hemorrhage entirely ceased. The patient rallied and improved very much, but in a few months sank under the granular degeneration of the liver.

Case 3d. Mrs. B., aged 47, mother of five children, had menorrhagia for four months, during which time she was treated by another physician. When called to her I was satisfied that all the usual remedies had been resorted to, and determined at once to inject the perchloride of iron, which I did, nearly the full strength, using about f.℥iij. The following morning dark clots came away; the bleeding was less. The injections were used every other day for a week, and she was cured, and has remained well since.

Case 4th. Mrs. S., aged 27, a spare woman of delicate health; had borne three children; in consequence of trouble, and ill treatment from her husband, was attacked with menorrhagia, which continued at intervals for nine months. She was very much reduced from the loss of blood, together with the loathing of food and loss of appetite, common in such cases.

Dr. Geiger was also called in consultation in this case; and as the hemorrhage at the time was quite severe, we determined to use the perchloride of iron, its full strength. About f.℥ij. was thrown into the uterus, and a light roller, with compress, applied over the abdomen; a small dose of opium was given, and she rested quietly until morning, when dark, hard clots came away. The womb was then washed out with tepid water, and the injection repeated; and was used every other day afterward twice, when the bleeding entirely ceased.

In this case the uterus was very much enlarged; the os permitting the free introduction of the finger, and the existence of vesicular granulations, or small polypi, was suspected. After the first injection was used, a sensible contraction of the uterus took place, and continued after each injection, until its normal size was resumed.

This patient had a slight return, which continued for nearly two weeks, some eight weeks after being cured of the first attack. One injec-

tion of the perchloride of iron was used, and the bleeding was arrested; since which time, now about eight months, she has menstruated regularly.

In all of the above cases, tonics and stimulants together, with as much nourishing diet as the patient would take, were given, in combination with the local treatment.

It will be observed that I give the preference to the *perchloride of iron*, as an injection, and think it may, with safety, be used in its full strength when required; and that it is only in those cases that would be classed as *passive*, in which I would recommend the resort to intra-uterine injections. But the violent headache, throbbing of the temples, occasional flushes of heat, feeling of fulness in the region of the uterus, etc., often attendants upon this condition, will not be mistaken for a condition of plethora, and requiring depleting remedies, but rather, as arising from the long continued loss of blood, producing the excitation, and relative determination, and demanding the arrest of the hemorrhage as speedily as possible, and a tonic and nourishing treatment.

SURGICAL CONTRIBUTIONS.

By Louis Bauer, M. D.

Of Brooklyn, N. Y.

IV.

Spermatorrhœa and Virile Impotency, and their Respective Causes.

In my estimation there are few complaints that give more anxiety, vexation, and disappointment to the practitioner than spermatorrhœa and virile impotency. Notwithstanding that these diseases have been known many centuries, and that the organs implicated are readily accessible to expolocation, there is as yet no reliable and effective treatment of the same.

Lallemand seems to have been the only surgeon of caliber who has approached the subject and considered it worth his special attention. Though failing to penetrate to its full depth, he certainly spared no toil and effort to advance our understanding. Those that have followed him have but ruminated his achievements and added scarcely any original investigation. The subject stands precisely there, where Lallemand left it many years ago, and it seems as if it had been abandoned to the tender mercies of quacks, to whom it has proven an inexhaustible source of spoil. It may therefore not be out of place to bring the subject back to legitimate attention, and re-open the discussion with a view of invoking the interest of the profession. In order to close the door for new speculations which already abound on this ground, we should set to work to collect diligently all the tangible facts in the premises and admit no inferences from any one, unless well substantiated by exact clinical records.

I find some well related cases in the *Clinical Journal* of the late Brooklyn Medical and Surgical Institute, that were under my charge, which I propose to submit, with others that occur in my private practice. They will at least serve to open the avenues for further investigation.

Case 1. *Spermatorrhœa and virile impotency probably caused by an obstruction of the left seminal duct; painless enlargement of the left testicle from retention of spermatic fluid. Removal of the testicle recommended but deferred. Death of the patient from exhaustion.*

Says the *Clinical Journal*:—"A tailor presented himself at the clinic of Dr. Bauer, and asked for advice in reference to a swelling of his left testicle. The patient, 35 years old, very spare, tall and pallid; has been married twelve years, but one child, now 8 years of age; stated that he suffered from frequent nocturnal emissions; frequently passed turbid fluid from the urethra when defecating; is under the necessity of frequently voiding his urine during night, which disturbs his rest; has a voracious appetite, and withal loses flesh and strength; wants to sleep always; has short breath and on the slightest exertion, palpitation of the heart with copious perspiration; is unable to perform sexual intercourse.

"The affected testicle has the size of a goose egg, is not much firmer than the right one, not tender on pressure, not hot or discolored; surface even, no distended veins; epidydimis somewhat full; spermatic cord thickened, but neither hard nor tender. Patient speaks of a 'painful dragging' along the cord. This swelling has existed two years without much change in size, and has come on gradually. The catheter (No. 8) passes into the bladder without much inconvenience; but little tenderness on touching the virum montanum. The rectum partly filled with feces, the sphincter very irritable; prostate gland generally but slightly enlarged, moderately firm and tender; *left seminal vesicle filled and so much distended that its ramifications can be distinctly discovered;* right one ordinary."

This very precise and complete record of the case, I owe to my young friend, Dr. George H. Bennet, Jr., of this city, who was then House-Surgeon of the institution, and who took great pride in accurately noting down the more prominent cases that presented themselves to our cog-

nizance. I well remember the interesting features of the case, and not only invited the attention of my colleagues, then present, but directed the patient to call upon Prof. Alonzo Clark, and to place himself at that gentleman's disposal for purposes of instruction, which Dr. Clark acknowledged in his usual appreciative and courteous manner. Neither of the gentlemen cognizant of the case took exception to my opinion then advanced, to wit; that the very cause of all trouble consisted in an obstruction of the left spermatic ductus, most probably by a small seminal calculus. The testicle was obviously sound, and fully able to perform its office; the semen was abundantly secreted and carried to its reservoir; the seminal vesicle—ready for eventual use, but from these it could not be discharged, owing to the existing obstructions. Hence, the accumulation and distention of the entire seminal apparatus from the left seminal vesicle, to the very termination of the canaliculi in the testicle. The frequent pollutions from the right side, the ensuing impotency and the irritability of the bladder, I imagine, were remote sequelæ of the continuous disturbance and irritation in the spermatic apparatus on the left.

Not being able to remove the cause of the obstruction, the next best course seemed to me the annihilation of the seminal fabric on the left side. Hence, I advised the removal of the testicle involved. The patient, though willing to accept the ultimatum, wished for delay, in order to arrange his affairs. When he entered the hospital a month later, I found the testicle smaller, and thinking with Dr. Alonzo Clark, that atrophy of the organ had fairly set in, I deferred the operation with the advice, that the patient should present himself from time to time, so as to give us an opportunity of judging of the future exigency of the operation. But the patient did not come back, and some months after I was informed that he had succumbed to physical bankruptcy.

Now I do sincerely regret that I did not perform the operation when the patient was ready for it; most probably he would have purchased his life with the loss of an organ neither useful nor ornamental.

Case 2. A German mechanic, aged 40, of a very powerful body, presented himself at the clinic of Dr. Bauer. The contrast between his huge frame and his very pallid, bloated, and feeble appearance is conspicuous. At first sight, he made the impression as if he suffered from some organic disease of the heart, the liver, or the kidneys respectively, either of which had eventuated in dropsical collections. The exertion he had just undergone, had caused him violent cardiac palpitation and rapid respiration; his brow was covered with cold sweat; he evidently moved with some difficulty. The patient alleges that he feels very weak, that he could continuously sleep and eat, that his stools are torpid, and that aside from some heaviness in the head, he suffers no pain. On being questioned, avers that he experiences some trouble in his urinary apparatus, in not passing much water, or in a properly-sized stream; again, that during night he is frequently disturbed by the desire of voiding his urine. For a long time, he has been plagued with nocturnal seminal emissions, which of late take place without any sensation whatever, leaving, however, their evidences on his body-linen; has lost all sexual appetite, and thinks himself unfit to effect coition. In passing hard stools, has a peculiar and disagreeable sensation in the glans penis, with the simultaneous escape of a drop or so of a turbid and viscid fluid from the urethra. Heart and liver are found healthy. The feeble action of the former, when calmed down, is proportionate to the general prostration. Urine is free from organized elements; phosphates are abundant, and the amyloid test proves negative. Penis and testicles rather large and flabby. There is no serous collection anywhere; the subcutaneous adipose tissue is very soft, as if occupied by an oily fat. On examining the pelvic organs, nothing extraordinary is met with, except that the prostate gland is found to be considerably enlarged in all its dimensions, slightly firmer, and moderately tender. On pressing the organ, the patient complains of that peculiar sensation in the glans penis already adverted to, and some moisture can be collected on an object-glass, which exhibits, under the microscope, *spermatic cells*. Thus far the clinical journal, which comprises the chief features of the case as they were seriatim elicited. I may add from my own recollections, that the catheter was inserted on various occasions, without any difficulty whatever, and, furthermore, that debility of the system of the patient had come on in the same ratio as the seminal emissions became frequent. From the patient himself and from some of his acquaintances, I heard that he had been a temperate man in every respect, been but once affected with gonorrhœa, years ago; and that, within the last thirty months, he had been one of the most powerful and hardworking mechanics.

No one who has carefully analyzed the symptoms of the patient can come to any other conclusion than that of genuine spermatorrhœa and virile impotency, and that the only tangible pa-

thological basis disclosed was *subacute prostatitis*. This diagnosis was, moreover, verified by the subsequent successful treatment, which I will not specify at this juncture, inasmuch as I have to recur to the same subject. Suffice it to say, that after a four months' treatment, the patient had materially increased in weight and strength, his flesh had become firm, and his appearance exhibited scarcely any trace of the former hydræmia. The nocturnal emissions happened but rarely, and certainly not half as often as with a man of his age and weight who lived, like himself, in absolute sexual abstinence. Inasmuch as I have not seen the patient for some time, I am unable to say whether his virile potency has become reëstablished.

Case 3. Bears a widely different clinical aspect. The patient in question is nearly 50 years of age, of portly appearance, and the very picture of health. My personal acquaintance with him for years, furnished me with a detailed knowledge of his domestic habits and principles, which were such that no exception could be taken. He is every way an exemplary gentleman, and enjoys justly the esteem and confidence of the community at large. From his childhood, he had observed moderation in all enjoyments of life, he married early, and is at present at the head of a fine though not numerous family. I mention all these circumstances with a view to preclude the generally supposed causation. Being of a robust constitution, he had moderately indulged in matrimonial intercourse and observed no change of virile capacity until he reached his 48th year, when on a sudden it gave out, and left him impotent. With this state, he might have reconciled himself at his advanced age, if other troubles had not been superadded. There was, especially during night time, a frequent desire to urinate, which disturbed his repose and rendered him fatigued and irritable. For two years, he had been attended by one of our prominent physicians, who had, however, shown little interest in his difficulty, and given him at no time any relief whatsoever. Apparently, his former attendant had looked upon the virile impotency as *the disease*, and had centred his attention upon that point, without looking beyond it for causes. Among other appliances, he had used that absurd contrivance, known as the exhausting cylinder, which had procured but a temporarary erection of the penis, without any benefit. At this juncture I took charge of the case, not without hesitancy or misgiving.

On examination, I noticed penis, scrotum, and testicles, soft and flabby; the tunica dartos and the cremaster muscles had almost lost all contractibility. The prostate gland was decidedly enlarged, and tender to touch, but seemingly unchanged in texture; when pressing upon the same, the patient evinced a very unpleasant feeling in the glans penis, and simultaneously a small drop of liquid would be squeezed out of the urethra, being of a whitish color, viscid, and sticky, though without spermatic odor. When examined under the microscope, with proportionate power, I observed spermatozoæ and epithelium rather abundantly. The catheter could be readily inserted, and met with no mechanical difficulty in the urethra or bladder.

I should have mentioned that when the attention of the patient was excited to the escape of turbid fluid from the member, he stated that he had previously and not rarely observed it when defecating, accompanied by the same sensation he had just then experienced.

[To be continued.]

THE LATE PROFESSOR REMAK.

[Some weeks since, we announced the death of the distinguished Professor Remak, of Berlin. His reputation and labors did not belong to Berlin, or to Prussia, nor yet to Europe, but to the world. Those, however, who came in daily contact with him, knew best how to appreciate his talents and learning, and felt more his loss than do we who live at so great a distance. It is with pleasure, therefore, that we present our readers with the following estimate of his worth, translated from the *Central Medical Gazette*, (*Medizinische Central Zeitung*,) of Berlin, Prussia, September, 1865.—Editor Med. and Surg. Reporter.]

"Terrible news has reached us from Kissingen. Professor Remak, living in our memory as a picture of blooming health, has died of a carbuncle. Again science has lost one of her first pillars, and is deprived of a mighty power, vigorously laboring for progress. Remak was a genius in the fullest significance of the word. But very few of those even who shine in renown, and have earned it by great achievements, can be placed alongside of him in this respect. From every thought, from every word, sparkled genius; unfettered, despising every confining limit, he ventured on the most remote and sublime. Such a mind must ever create an epoch, wherever it turns with its entire full force.

"What Remak has accomplished in anatomy and physiology, allies him for eternity to the most eminent names of all ages. The progress for which medical science is indebted to microscopical anatomy is also his merit; he was one of the most vigorous and original co-laborers in this colossal work, whose fruits we are now enjoying. To these

labors, which alone would have sufficed for the greatest of human lives, must be added the enormous achievements of his later years, in the sphere of practical medicine. Remak himself has, whilst living, esteemed these last achievements more highly than the former, which were the foundation of his renown. He had the satisfaction to live long enough to prove to the whole world as true, what formerly little and narrow minds had dared to ridicule; he began to make the sparks of his light visible even to the most sceptical, and to dazzle by the might of his fire those who had ventured to follow his daring gigantic flight.

"We can scarcely as yet survey the height to which Remak's genius has soared, and all the departments it has dared to fructify by its fulness. Alas! there is none now capable—even approximately—to continue his labors, and some decennial periods will pass away before we shall have attained a somewhat safe ground from which the whole significance of Remak's discoveries may be overlooked. Perhaps after the lapse of a hundred years, many a fact will by some one else be given out as newly discovered, which Remak has now already ascertained or foreseen, and which has not been appreciated by our age. Remak has now the peace which he could not by his restless endeavors attain while living. Immortality on earth is forever secured to him."

Hospital Reports.

Philadelphia Hospital, *October*, 1865.

Medical Clinic of Dr. J. L. Ludlow.

Reported by A. M. Shew, M. D., Resident Physician.

Chronic Laryngitis.

George B., æt. 48, was admitted to the hospital September 26th. Three years ago, while working at his trade, he caught cold, and from it arose this trouble in his throat. It has been a source of but little annoyance to him until within the last three months. At the present time his voice is altered, and there is difficulty in swallowing. In some respects this is a trifling case, and yet you will meet them often in practice and they will puzzle you. When a patient comes to you complaining of sore throat, and by examination you find more or less inflammation, indicated by an increased redness of the fauces, but with little or no alteration of the voice, you may decide at once that it is a case of pure pharyngitis. Should you detect thickened vocalization, or, in other words, an alteration in the tone of the voice, with no enlargement of the glands, and but little or no inflammation of the pharynx, you may know that the trouble is caused by inflammation of the larynx—the spot where the voice is formed.

In a majority of cases laryngytis is the result of neglected pharyngitis. The inflammation first attacks the pharynx, is neglected, and by continuity of structure continues downward until the larynx is reached. The one is a simple affection of the anterior portion of the fauces, while the other is a most serious disease.

Treatment.—In a case of simple acute pharyngitis keep the bowels open and surround the throat with cloths wrung out in warm water. In addition, a solution of nitrate of silver, gr. x. to the ounce, applied to the inflamed surface by means of a soft camel's hair pencil, will be found serviceable. A simple gargle of honey and alum, or of chlorate of potassa and honey, will add to the comfort of the patient.

Acute laryngeal trouble is far more important, though in the beginning very simple. Commence your treatment by the use of two dozen leeches about the throat, and warm applications immediately afterward. Place your patient in a warm moist atmosphere. Do not allow him to use his voice. In addition, it may be necessary to administer small doses of calomel, soda, and ipecacuanha, followed by the neutral mixture; this mixture may be made more palatable by supersaturating the solution. In this way you produce a gentle diaphoresis, and the patient will soon experience relief.

And still the case may continue until there is a thickening of the mucous membrane, as illustrated by the patient before you. Should this happen, make continued use of counter-irritation; or you may adopt the treatment originated by Dr. Green of New York, of sponging out the larynx with a weak solution of argenti nitras. It is a very difficult operation, and you may be defeated in your attempt to enter the larynx. I have occasionally met with patients suffering from laryngeal trouble caused entirely by general nervous debility, and no true disease of the throat. In these cases it will be necessary for you to administer those tonics which act directly on the nervous system, also to advise your patients to travel. Change of climate will often benefit more than medicinal agents.

Of all fearful cases, and the most alarming that you are called upon to treat, is pseudomembranous croup. It usually attacks children suddenly in the night. Upon examination you find your patient with great fever, dyspnœa, and a tendency to membranous formation in the throat. When called to the bedside direct that the patient's hands and feet be placed in warm water, while hot fomentations of turpentine are placed about the neck. Administer an emetic, of which there are a variety; a simple and effective one may be found in every house—it is two drachms of powdered alum and one drachm of common molasses. Hive syrup, sulphate zinc, and ipecacuanha have all been used with success. Should these means fail, you may resort to small doses of calomel, soda, and tartarized antimony. I have made use of this combination repeatedly, and with very gratifying results. An infusion of tobacco leaves about the throat will often prove serviceable when other means have failed.

Permit me, gentlemen, in this connection, to briefly direct your attention to a peculiar disease which has of late years been a source of annoyance to both patient and practitioner. I do this more for the purpose of dispossessing your minds of the fallacious belief that diphtheria is merely a local affection of the throat. It is a most fatal disease which comes on insidiously and is characterized by sudden prostration and disorganization.

There are two forms—the one in which the patient dies from pure exhaustion, and in the other from the deposit of a peculiar membrane in the back part of the throat. In the treatment of diphtheria we should remember that the constitution is affected, the blood poisoned. A general invigorating course of treatment affords the most gratifying results. Administer freely of iron, quinine, milk punch, mutton broth; for the local affection use a gargle of chlorate of potassa, and have the throat touched with a solution of nitrate of silver. In many cases your human efforts will be in vain; the patient will sink and die in spite of all the skill and experience at your command.

Medical Societies.

ACADEMY OF MEDICINE, NEW YORK.

MEETING OF NOVEMBER 1ST, 1865.

(Specially reported for the MEDICAL AND SURGICAL REPORTER.*)

The Pathology of Pneumonia—Paper by Professor ALONZO CLARK; *Luxation of Humerus; Congestive Intermittent.*

Pathology of Pneumonia.

Prof. ALONZO CLARK, in presenting to the Academy a paper on the pathology of pneumonia, remarked that the points advanced therein, were the results of a special study made more than twenty years ago. In 1852, these thoughts were put upon record, and recited before the State Medical Society, and the present paper contained an embodiment of the same facts. The substance of his paper had, however, never been made public, except in his lectures, and in order to place these views upon record, he had accepted the invitation of the Academy.

The main topics to which he would call attention in giving a synopsis of the paper were two: 1st, the seat of effusion in pneumonia, and 2d, the relation of the second and third stages to each other.

In regard to the first point mentioned, there had been a great deal of confusion. LÆNNEC and others looked on the pneumonic effusion or exudation as a concrete plastic exudation which filled the interstices of the lung-tissue, and caused consolidation by the mere pressure upon and obliteration of the air-cells. This opinion was participated in by nearly all until 1842–3, when ROKITANSKY published his work, and at about the same time, perhaps a little earlier, Dr. WILLIAMS also pointed out that the effusion in pneumonia was into the air-cells, and not into the lung-tissue proper. Later, Dr. DA COSTA published a paper on the subject in the *American Journal of Medical Sciences*, advancing the same view.

Dr. CLARK then read extracts from ROKITANSKY in which that author states that the characteristic granulations of pneunomia are the product of inflammation in the air-cells, which is preceded by a tough reddish-brown substance, which produces the crepitant râle. Here, then, is a distinct recognition that the inflammatory effusion is into the air-cells.

On becoming acquainted with the views of ROKITANSKY, through the January number of the *British and Foreign Medical Review*, in 1843, Prof. CLARK, engaged at that time in the study of pneumonia, determined to examine the subject thoroughly. The first point was to decide in regard to the seat of effusion.

He obtained lungs that were consolidated by pneumonic inflammation, and after making sections, it was not difficult, with the point of a needle, to turn out the contents of the air-cells and observe them microscopically. There was one important circumstance which went far to settle the question. By maceration, the air-cells became relieved of the plug of effused matter, which was dissolved, and on examining the lung tissue, from which the contents of the air-cells had thus been removed, microscopically and otherwise, not only was it found that the air-cells themselves seemed to have undergone no material change, but that there was nothing whatever in the intercellular structure indicating any effusion or inflammatory action. In the further study of the subject, he was able to satisfy himself that the lobular plexus of vessels surrounding the air-cell was the particular seat of the inflammatory action in pneumonia.

The seat of the pneumonic exudation being thus settled, it was next important to determine whether the opinions held in regard to the nature and character of the effusion were correct. After many trials, he had been able to determine that ROKITANSKY was *entirely mistaken* in considering the exudation as "*croupy*" or *plastic*. From numerous observations he could state the constituents of the pneumonic effusion to be as follows:

1. Blood-corpuscles.
2. Fine granular matter in great abundance.
3. Cast off epithelium.
4. A corpuscle resembling the pus-globule.
5. Exudation corpuscles.

These elements, and *none other*, were invariably found in the effused material of the second stage of pneumonia, or that of the so-called red hepatization. Satisfied thus far, it became interesting to examine what relation this exudation bore to the third stage, which was generally looked upon as one of purulent infiltration.

In his investigations he had been unable to find any more evidences of the presence of pus in the third stage than in the second. There was a corpuscle in the effusion of both stages resembling the pus globule; but still it presented distinct characteristics, so that he had been induced sometimes to call it the pneumonic corpuscle. The

* These reports are not *verbatim*, but an accurate and concise synopsis of the most important parts of the transactions of this body.—*Reporter.*

same elements were found in the third stage that were found in the second, and the conclusion arrived at was that the only difference between the two stages, pathologically, was in the relative proportion of coloring matter present in the effusion, giving it in one stage a red, in the other a grey appearance.

Persons who have studied pneumonia know that these plugged-up air-cells can be relieved, that the effusion becomes removed; and the subject will be better understood, perhaps, by considering the process through which this is accomplished.

When the second, or stage of red hepatization is complete, the inflammatory action has exhausted itself. The stasis is beginning to give way, and blood begins to circulate in these obstructed capillary vessels. A serous fluid is exuded from the cell-walls, which softens and breaks down the plug filling the air-cell, dissolving it partially, so that it is removed by expectoration, or completely, so that it is reabsorbed. That the pneumonic effusion can become entirely absorbed is easily understood. In a considerable number of cases of pneumonia there is no or very little cough. He referred to one case of decided pneumonia, in the whole course of which the patient coughed but once. The patient made a speedy recovery. What became of the effused material? It was absorbed. These cases are not very unfrequent.

In order to throw still further light upon the subject, after having satisfied himself as to the seat of the effusion, its character, and the identity of the exudation of the second and third stages, he examined the expectoration of twenty-five persons suffering from pneumonia during 1843–45. He found in the expectoration of all these patients through the various stages of the disease, precisely the same things which had been observed in pneumonic lungs after post-mortem examinations. The same five products were present, only, in addition, some products of the bronchial tubes, as must be expected.

Following on with these observations during the progress of the disease until the expectoration had lost its characteristics, when resolution had become nearly complete, still the same elements were found, with the exception of the *blood corpuscles*, which were gone. The loss of color then constitutes the difference between red and gray hepatization.

Those who have been occupied with pathological anatomy, know how difficult it is to keep a pneumonic lung, illustrating red hepatization, for twenty-four hours, or even over night, in a room at 75° temperature. Exposure to air and heat changes it to grey hepatization. This change takes place in obedience to the laws of oxidation of the hæmatine of the blood, and according to the degree and energy of oxidation a great variety of colors is produced, from white to the brilliant blood-red. If thus the mere effect of air and an elevated temperature is sufficient to change a dead lung from the condition of red to that of grey hepatization, it is not difficult to suppose that the chemical changes in the coloring-matter of the effused material during the progress of a pneumonia, under a temperature of over 100°, and the influence of moisture and air are sufficient to explain the gradual change of red into grey hepatization.

In all his investigations, Prof. Clark could find no foundation for the idea of a fibrous or plastic exudation into the intervesicular structure in pneumonia. Lebert, in 1855, published a work with plates, which are very faulty, only representing the larger corpuscles of pneumonia, and also indicating interstitial effusion. Again, Rokitansky says that the exudation melts down into a puriform matter, which infiltrates the lung. Here both Rokitansky and Lebert are wrong. There is, as has already been stated, no element in the third stage which is not present in the second, and the one is no more a stage of purulent infiltration than the other. What has been considered purulent infiltration is simply a loosening and breaking down of the effusion, with the change in the coloring-matter, preparatory to its removal by absorption and expectoration.

The fact is that no man can recover from pneumonia without the third stage, which is really a stage of restoration. If the question is asked, why then do patients die in this stage? it must be answered, that it is not common to find a lung in the whole of which the grey hepatization has begun, and where the inflammatory process is uniform. Generally, the three stages are found mixed; some portions presenting the first, some the second, others the third. Again, very few persons die of the direct effect of an inflammation. It is not the effusion which kills directly, but its gradual effect upon the function of the organ, the respiration, the circulation, the heart, the strength of the patient; and this effect is more likely to occur later in the progress of the disease, even when the restorative process has commenced, than earlier, when the patient offers more resisting force.

In conclusion, Prof. Clark called attention to one practical inference with regard to the treatment of pneumonia. With the view of plastic exudation, of the membranous, croupy, organizable nature of the effusion, as held by Rokitansky and others, the calomel treatment of pneumonia was theoretically justified, there being the universal opinion that calomel is the great remedy to reduce an excess of plasticity. Let the opinion be corrected that the effusion of pneumonia is plastic, and the theoretic support of the calomel treatment is gone. He would not say that this treatment was unjustifiable, though his opinion was that the disease was better treated without it. But hereafter the question must be determined by a careful comparison of cases, as treated by different methods, and not upon a theoretical presumption, which has no foundation in observation and facts.

Prof. Flint remarked that fibrous exudation on mucous surfaces, or serous membranes, was very difficult of absorption, and this was one reason why in the large number of cases of pneumonia, where absorption is very rapid, the effusion can hardly be considered plastic. In clinical observations it had been a matter of astonishment how large was the quantity of exudation in pneumonia, determined by weight at post-mortem examination. He had found it no less than four

pounds in one case. He thought that to meet clinical facts we must assume *two* third stages of pneumonia,—one, in which absorption goes on, the other where it ceases, giving rise to the appearance of the passage of the lungs through a stage of purulent exudation.

Dr. STONE asked the question whether there is any actual pus in these cases?

Prof. CLARK remarked that a material resembling pus was present in every stage. In cases where the disease takes a slow course, and continues longer than ordinarily, it is always complicated more or less with bronchitis, which gives always a great deal of purulent matter. But true pus does not form an element of any particular stage of pneumonia. He would state in addition, that in the twenty-five patients where the expectoration was examined, blood was present up to the sixth or seventh day, and continued under the microscope, even when to the naked eye the bloody expectoration had entirely ceased.

Luxation of Humerus.

Prof. POST called attention to a case of luxation of the humerus. Some time ago he had related a case of twenty-one weeks' duration, which had been successfully reduced by SMITH'S method of manipulation. Recently, however, he had met a case where he failed in reducing a dislocation, only five weeks old, by this method. The case occurred on board of a vessel on sea. He saw the patient five weeks after the accident. The patient having been placed under ether, thorough efforts were made to reduce the luxation by manipulation, but failed. JARVIS' adjustor was then applied, and the head of the humerus could be brought from its position under and in front of the clavicle, back to the dorsum of the scapula to near the glenoid cavity; but it was impossible to get it into the cavity. In his opinion the difficulty consisted in a thickening of the ligamentous structures of the joint, rendering the fissure of the capsular ligament, through which the head escaped, too small to allow it to re-enter. The patient was 62 years of age.

Congestive Intermittent Fever.

Prof. CLARK related an interesting case of congestive intermittent fever. A lady, 60 years of age, living near New Brunswick, N. J., had been ill and complaining for several days, without any definite symptoms. One evening, however, at about 5 o'clock, she was seized with a chill, which lasted fifteen or twenty minutes; she then became drowsy, and sank into a semi-comatose state; toward morning she recovered, and felt better during the day. The next day there was another chill, about the same hour, followed by congestion, insensibility, and automatic movements, which continued until about 5 o'clock the next morning. Prof. CLARK saw her on this day at 7 o'clock, A. M. There was moaning and jactitation; she finally became comatose, without the occurrence of another chill, and remained in this condition until the next morning, when she died.

Prof. CLARK remarked that the congestive form of intermittent fever was of very rare occurrence in New York and its surroundings. L.

THIRD ANNUAL MEETING OF THE OPHTHALMOLOGICAL SOCIETY AT HEIDELBERG.

Dr. HASKET DERBY communicates to the *Boston Medical and Surgical Journal*, a Report of the Third Annual Meeting of the Ophthalmological Society at Heidelberg, held September 4th and 5th, 1865, of which we give a comprehensive abstract.

Professor ARLT, as the oldest member of the Standing Committee, called the meeting to order. About fifty members were present, among whom were three Americans. Professor HORNER of Zurich was elected President.

Modified Linear Extraction of Cataract.

Prof. VON GRAEFE made the first communication, taking for his subject the modified linear extraction of cataract. The principle being now conceded that the cataracts of middle and mature age can be removed bodily from the eye, with a greater chance of success than if they are pushed back into its interior, or broken up and left to absorb *in situ*, various attempts have been made to substitute other and yet safer methods to the ordinary flap extraction. At the last meeting Mr. CRITCHETT had proposed an operation which had since been extensively practised, and which was undeniably superior to any scoop operation hitherto devised, inasmuch as a larger opening was made, and a better extracting instrument employed than the scoop of Waldan, then in common use. In order to test the comparative advantages of this method, as compared with the ordinary flap extraction, VON GRAEFE had operated during the past year on 118 cases according to the plan of CRITCHETT.

Of these, 7 lost the eye; 4 retained perception of light; 30 required secondary operations, such as the removal of capsule or iridectomy; 77 gave satisfactory results (vision of at least ½.)

In flap extraction, of 100 cases, in 7 the eye is lost; in 13, secondary operations are required; in 80 the result is good. Indeed, since the use of the compressed bandage even more satisfactory results are obtained, 82 cases in 100 doing well.

Comparing these results, it will be seen that in about the same per centage of cases the eye is lost, while corneal opacities and papillary closures are more common after the operation of CRITCHETT. While, therefore, VON GRAEFE would not accept this as a substitute for the ordinary extraction, he would employ it in cases of Morgagnian cataracts, in unripe cataracts which very slowly advance, and in cases where the chances of the healing of the corneal flap are not good. The great advantage of flap extraction consists in the readiness with which the cortical masses, which remain behind after the exit of the nucleus of the lens, can be removed. The objection to it lies in the large and gaping corneal wound; and he had a method to propose which he thought would render it possible to completely remove the lens through a small wound, thus uniting the advantages of the linear and flap procedures.

The first instrument is a long and very slender

and narrow knife, which is introduced through the sclera ½‴ from a point in the upper and outer periphery of the cornea, carried across the anterior chamber and brought out at a point on the other side. The cut is now completed in the sclera, and a small conjunctival flap is formed. Thus the anterior chamber is opened at its upper edge, no portion of the cut being in the corneal substance proper. A shorter "wound-canal" is secured, and a lower inner edge than if a lance-knife had been used. A portion of the iris is then removed in the ordinary manner. Next, the capsule is lacerated with a sharp hook. If, now, the lens be soft, it can readily be made to escape by pressing at the edge of the wound; if large and hard, however, a blunt hook is passed behind it to assist its egress. This hook is constructed for the purpose, and its use constitutes a distinctive feature of the operation. It is more easily withdrawn than the scoop, and the lens is removed by traction rather than by prying, the latter manœuvre being particularly dangerous.

Von Graefe has only performed this operation in 69 cases, too small a number from which to collect statistical results of any value. None of these were lost. In 5 cases iritis ensued; in the remaining 64 the result was satisfactory vision, being generally ½, and some of the patients being able to read small type. The great advantage of this method over Critchett's consists in the superior certainty of a favorable result and of no complication attending the healing process. However, there is more apt to be a loss of vitreous. As compared with ordinary extraction, there is the disadvantage of an artificial pupil, but as it is made upwards, the least possible derangement of eccentric vision takes place.

In answer to a question, von Graefe remarked that he had never seen the form of cystoid cicatrix occur after this, that sometimes followed operations for glaucoma.

Simultaneous Extraction of Lens and Capsule.

Dr. Pagenstecher read a paper on the simultaneous extraction of lens and capsule. He had been led to devise this operation from the fact that the presence of capsule and lenticular substance after extractions was so fertile a cause of inflammatory complications. His plan was as follows: The patient under the full influence of chloroform; the ordinary cut for extraction is made, with the usual knife, in the sclera, however, instead of in the cornea. A broad iridectomy is next made, downward and outward. If any posterior synechiæ exist, they are detached, after which a scoop is passed through the zonula, (which, if necessary, is torn through with a hook), carried back of the lens, and used to bring this out. If the state of anæsthesia has remained profound, little or no vitreous is commonly lost.

The healing process goes on well. Out of 54 times that the operation has been performed, the cornea suppurated in but two cases. Out of 38 patients who have thus been operated on this year, 30 were able to read Jaeger, No. 5.

Prof. Arlt thought the operation particularly indicated where the cataract was over-ripe, for there the zonula would be found looser. He mentioned, however, serious objections, particularly in cases of large and soft cortical masses surrounding a small nucleus, the whole enclosed in a transparent capsule.

Strabismus.

Dr. Knapp, of Heidelberg, alluded to the difficulty often experienced in operations for strabismus, particularly divergent strabismus, from the slight amount gained after each operation, and the necessity of a frequent repetition. He would avoid this, and secure a greater effect each time by drawing the eye over to the side of the antagonist of the divided muscle by means of a suture passed from the conjunctiva at the edge of the cornea to the commissure of that side. Thus if the case be a strongly marked strabismus divergens, and the rectus externus have been divided, a suture is passed through the conjunctiva on the inner edge of the cornea and the internal commissure, and the eye drawn downward. At the end of the twenty-four hours the suture is removed. In this manner it is possible to gain as much as 3‴ at a single operation. This method is also perfectly applicable to cases of strabismus with impaired action of the antagonistic muscle, where it is necessary not only to divide the former but to bring forward the latter, and would then form the last step in the operation.

Mechanism of Accommodation.—Nutrition of the Cornea.

M. Girand-Teulon, of Paris, gave a long and interesting discourse on the mechanism of accommodation and the influence on it of the membrana limitans. This elastic membrane, he endeavored by diagrams and microscopical preparations to prove, did not terminate at the periphery of the crystalline, but passed over its anterior face, and was in fact separable from the anterior capsule. Its possible influence on accommodation was elaborately developed.

Dr. Leber, of Paris, gave the results of his investigations on the nutrition of the cornea. He alluded to the views of Recklinghausen on the microscopical anatomy of the same, and deduced from his own investigations that the cornea is penetrated by a system of canals, lined with independent membrane and connected with the lymphatic system.

Impaired Vision from blows on the Eye, with Ophthalmoscopic Symptoms.

Dr. Testelin, of Lille, related five cases of impaired vision from blows on the eye, without corresponding ophthalmoscopic symptoms.

1st.—A severe blow had been received over the eye. Only a limited portion of the retina retained its functions, the remainder having lost perception of light. No external or internal change was visible.

2d.—The same cause. The pupil was dilated and immovable; vision greatly impaired. The interior of the eye appeared normal. Three months later marked atrophy of the papilla was found to exist.

3d.—Immediately after pressure on one eye everything appeared to be seen through a red mist. A month afterwards Jaeger, No. 20, could be made out, only, however, with the inner portion of the field of vision. Later there was less vision. No objective change.

4th.—A stone had been thrown against the eye. The case was seen three months after the accident. The pupil was so far dilated that hardly a trace of the iris was visible. No perception of light. The ophthalmoscope revealed nothing.

5th.—The eye had been struck by a cricket ball. Vision was much impaired; the pupil dilated and sluggish. On ophthalmoscopic examination in the inverted image, a small prominence, like a pea, was seen above and to the inside of the papilla. In a month this projection had disappeared, leaving a simple spot. Vision had very slightly improved.

Von Graefe had seen such cases and admitted them to be very difficult of explanation. He thought, however, that analogous paralysis of the motor nerve might be adduced, that, for example, where the arm becomes temporarily paralyzed from resting the head on it in sleep. Perhaps the sudden shock caused some change either in the molecular system, or in the walls or calibre of the vessels.

Ophthalmia Neonatorum.

Dr. Alfred Graefe alluded to the local use of caustics in cases of ophthalmia neonatorum. An objection had been made to the use of nitrate of silver on the ground that after this agent had been employed it had been found that corneal infiltrations were more frequent, and that these infiltrations often led to perforating ulcers. Some physicians had even gone so far as to give up this agent, admitting its beneficial influence on the disease, but fearing a disastrous effect on the cornea. He himself, however, had ascertained to his own satisfaction that such corneal complications only arose in those cases where the original touching had been too strong, and where at the end of twenty-four hours, the eschar was not yet detached. He was therefore unable to sympathize with those who were unwilling to use this agent.

Operation for the Removal of Membraniform Obstructions from the Pupil.

Dr. Agnew, of New York, described an original operation for the purpose of removing membraniform obstructions from the pupil. The patient having been first brought under the full influence of ether or chloroform, a Bowman's needle is passed through the cornea about ½ a line from its inner edge, and made to penetrate the membrane. With a cataract or lance-knife a small wound is next made ½‴ from the outer corneal edge, care being taken to evacuate as little as possible of the aqueous humor. Through the last wound a small and sharp hook is now passed into the interior chamber, engaged in the capsule at the point where it has been penetrated by the needle, and made to lacerate it. If the membrane is tough it is wrapped round the hook by rotating its handle, and then withdrawn; if fragile, the pupil is simply opened. This operation is also applicable to cases of closed pupil, where masses of exudation have collected behind the iris, the needle offering a fixed point from which traction can be made with comparative safety.

[This operation created much interest. It was twice successfully performed by Dr. Agnew in the presence of the leading members of the Society.]

Reading Glass for Amblyopic Patients.

Prof. Von Graefe exhibited a reading glass for the use of amblyopic patients. It consists of two convex glasses set in a short cylinder, and unites the double advantage of a large field and slight spherical aberration. Also a binocular "measurer of refraction," resembling an opera glass, and similar to his monocular instrument already in use.

A number of other interesting papers were read and discussed, and the Society adjourned well pleased with its session.

American Pharmaceutical Association.

At the thirteenth annual convention of the American Phamaceutical Association, held in Boston, Sept. 5th, 1865, the following officers were elected and committees appointed for the year 1866:

President—Henry W. Lincoln, of Boston; *First Vice-President*—George C. Close, Brooklyn, N. Y.; *Second Vice-President*—E. W. Sackrider, Cleveland, Ohio; *Third Vice-President*—C. A. Heinitsh, Lancaster, Pa.; *Treasurer*—C. A. Tufts, Dover, N. H.; *Recording Secretary*—J. M. Maisch, Philadelphia; *Corresponding Secretary*—P. W. Bedford, New York; *Executive Committee*—T. S. Wiegand, of Philadelphia; John Butterworth, of Boston; T. W. Sennewald, St. Louis; T. S. Barr, of Terre Haute, Ind.

Committee on Progress of Pharmacy.—Enno Sander, of St. Louis; G. H. C. Markoe, of Boston; Theodore Kalb, of St. Louis; Ferris Bringhurst, of Wilmington, Del.

Committee on the Drug Market.—S. M. Colcord, of Boston; J. J. Thompson, of Baltimore, Md.; W. A. Brewer, of New York; Ezekiel Sargent, of Chicago, Ill.; W. J. M. Gordon, of Cincinnati, Ohio.

Committee on Scientific Queries.—Wm. Procter, Jr., of Philadelphia; E. S. Wayne, of Cincinnati; Edward Parrish, of Philadelphia; R. H. Stabler, of Alexandria, Va.

Business Committee.—E. R. Squibb, of New York; F. Stearns, of Detroit; J. F. Moore, of Baltimore.

School of Pharmacy in Ohio.

The announcement of the School of Pharmacy of Baldwin University, Berea, Ohio, session of 1865–66, has been issued. The faculty consists of John Wheeler, D.D., President and Lecturer on Professional Ethics; P. W. Mosblech, Ph.D., Professor of Botany; Eben J. Cutler, M. D., Professor of Materia Medica and Toxicology; William C. Pierce, A. M., Professor of Chemistry; L. S. M'Culloch, M. D., Professor of Pharmacy and Medical Chemistry.

The session of 1865–66 will commence Tuesday, December 5th, and continue four months.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, NOVEMBER 11, 1865.

ENLARGEMENT AND INCREASE OF PRICE.

The pressure of literary material on our columns makes it necessary to announce an increase of the size of the Medical and Surgical Reporter. This increase, together with an improved external appearance, will take place from the first of January next; from which time the subscription price will be Five Dollars per annum. The cost of paper and labor seem to be permanently fixed at high rates, and we are compelled to accept the situation, and graduate our subscription rate accordingly. If these expenses lessen, or a liberal support justify it, we shall be enabled to further enlarge the work, or expend more on the literary department, or perhaps do both.

☞ *All advance payments made prior to January 1st, 1866, will be credited at the present rate of $4 per annum.* Payments made *after* that date, will be credited at the rate of $5.

NEW LITERARY ARRANGEMENTS.

As one of the results of the settlement of our national difficulties, and the return to civil life of some of our old collaborators, we are enabled to announce the consummation of an excellent arrangement by which we shall hereafter maintain a close editorial connection with the city of New York. This arrangement will include, besides editorial observations, regular intelligent reports of the proceedings of the New York Academy of Medicine, the Pathological Society, and correspondence on medical matters in and near the metropolis. We are also endeavoring to secure good clinical reports from that city. These, with the clinical reports from this city and Baltimore, and the reports of the meetings of the Philadelphia County Medical Society, in addition to our ordinary arrangements will enhance materially the value and interest of the Reporter. These arrangements are *very costly*, but, we doubt not, the profession will sustain our enterprise with such liberality that we shall be enabled to meet the heavy outlay without embarrassment. Aside from our own labor, our present plans will call for a cash outlay of from thirty to fifty dollars a week on the literary department of the Reporter alone.

OUR LARGE CITIES AND EPIDEMICS.

Our large cities are illy prepared to meet the approach of a severe epidemic. The causes are plain. The great national events during the past four years had absorbed the attention of municipal and State authorities to such an extent as to leave little room for the consideration and adoption of measures calculated to further the sanitary condition of the people. Death appeared in his *glory* amidst the flash of cannon and the shouts of victory and defiance; now he threatens to approach in his garb of *horror* and ghastliness.

The question of loss of life, either by war or epidemic disease, is one of the greatest magnitude to a nation like ours. The annual loss of productive labor alone, in consequence of the war, if we take only those who have been killed in battle or died of disease contracted in the service, including both sides, cannot be less than from two hundred to two hundred and fifty millions of dollars per annum, and probably will reach considerably more. And this *deficit* is doubled or tripled, if we take the loss of labor by the crippled and maimed, and by the disarranged and new relations of the working class of the Southern States.

Our national independence, our existence as a people, depends on the production of our soil, our mines, our industry, our manufactures, as much as upon the principles of our government. When we shall have become independent of the commercial and manufacturing interests of Europe, we will be truly independent. As long as we are depending upon *them* to any large degree, we are forced occasionally to compromise our principles to this material dependence, and to that extent we are not as fully democratic and republican as we should be. It is the main business of enlightened statesmanship in these United States at this time to adopt and carry out such policies as will replace the fearful loss of productive labor which the country has suffered through the war. Wise legislation, encouraging emigration, and putting the laboring population of the South upon a proper basis will accomplish much.

But can we afford, after the terrible loss of life by the war, to have the ranks of our laboring population again *decimated* by epidemics which seem to be approaching our shores, with the steady step of obedience to natural laws, as yet not perfectly understood? Is it not a national duty to guard, as much as lies in human power, against those ravages of epidemic disease which have in times gone by struck our cities with panic, and paralyzed commerce and manufactures?

The duty of wise precaution and of energetic action to place our large cities at once in the best possible sanitary condition, the removal, destruction, or neutralization of all noxious agents in the shape of filth, the abatement of nuisances of every kind, the cleansing of streets, back-ways, yards, cellars, and houses, where it is not done

voluntarily, by public officials, the completing of drainage, and repair of defective sewerage, are all matters that should attract the attention of every intelligent citizen, and that should form the main objects of municipal zeal from this time forward. Thousands of lives and millions of dollars may be saved the nation by proper action.

One of the most unfavorable circumstances, in view of the threatening epidemic of cholera, is the overcrowding of our city populations. During the last four years, very little building has been going on in our larger cities, compared with former years, and the supply is unequal to the natural increase of our populations. The unavoidable result of overcrowded habitations is filth, disease, and a liability, when epidemic influences are abroad, to become the centres of epidemic conflagrations. Hence, our efforts to bring our cities into the best possible sanitary state should be accompanied by attempts to remove from them into the country, into our more thinly-settled Western States and Territories all that superfluous population which barely finds a livelihood in the city, but might be changed to a highly productive laboring population if placed in the proper conditions.

The country is not in such a condition of prosperity that we should not exhaust every means of individual and municipal power in every city and town throughout the United States, to render less fatal the ravages of coming epidemics and to reduce their virulence to a minimum. How much can be achieved by proper measures has been shown by the sanitary condition of cities under military control, which by the simple enforcement of cleanliness and the abatement of nuisances were rendered healthy and exempt from epidemics, while formerly they had enjoyed the reputation of pest-holes.

In this connection, we would suggest the propriety of calling a meeting of the Quarantine and Sanitary Convention, to meet, say in Washington City, at as early a day as practicable. At an informal meeting of members of this convention and others interested, held last year in New York, during the sessions of the American Medical Association, a committee was appointed for this purpose. Is there any one else, under the circumstances, with more authority to act? Why then should not this committee meet, and act promptly?

Pension Examining Surgeons.

The following appointments have recently been made:

Maine.—Dr. Warren Hunter, Cherryfield.
New York.—Drs. Cyrus Powers, Moravia; Elisha H. Rockwood, Newark.
Pennsylvania.—Dr. Geo. O. Mosby, Titusville.
Wisconsin.—Dr. Charles Cowles, Barraboo.
Iowa.—Dr. A. G. Fields, Des Moines.
Kentucky,—Dr. Wm. C. Johnson, Williamstown.

Notes and Comments.

That "Ice-bag" in Cholera.

For two or three years a certain Dr. John Chapman, of London, has been fiercely riding his hobby in the shape of a spinal ice-bag. This contrivance he first recommended in the treatment of paralysis and epilepsy, and every week adds to the number and form of diseases which yield to its curative influence. All this has had the effect of getting Dr. Chapman into the newspapers. Of course, therefore, as cholera approached, it was found, and duly chronicled, that the inevitable ice-bag was just the thing in cholera. He states the points of his theory as follows:

"That the nausea, vomiting, copious discharge of the well-known 'rice-water' stools, cold sweat and peculiar odor from the body, are due to the combined action of the hyperæmic spinal cord and sympathetic nervous centres, in the same manner as they induce phenomena of the like kind, though less in degree, in cases of summer diarrhœa, and of sea-sickness when it is accompanied with diarrhœa.

That the cholera is neither contagious nor infectious in any case whatsoever, excepting through the depressing influence of fear.

That the cholera may be completely averted, and, when developed, cured by modifying the temperature of the spinal region."

After detailing the symptoms of two cases of cholera which fell under his observation, Dr. Chapman offers the following suggestions for the use of the ice-bag:

"1. The cold must be applied along only a narrow strip—not more than four inches broad in the adult—down the very centre of the back.

2. The cold must be dry, not wet, cold.

3. The ice-bag should be continued along the whole spine only until the cramps and algide symptoms have been subdued.

The ice-bag should continue to be applied to the lower half of the spine until vomiting and purging cease.

5. The patient should be assiduously watched, to guard, in the stage of reaction, against cerebral or pulmonary congestion, the development of which will be facilitated by continuing the ice too long in the cervical and dorsal regions.

6. If such congestions should occur, they will be denoted by heaviness, incoherency, wandering, and by laborious breathing, and may be subdued by applying the double-columned water-bag, at a temperature of 120 degrees, along the lower part of the neck and between the scapulæ.

7. If it be necessary to induce sleep, this may be done by the same bag applied in the same way."

Correspondence.

DOMESTIC.

New York Correspondence.

Editor Medical and Surgical Reporter:

The winter compaign of our medical schools, hospitals and medical societies, is now fairly under way, and promises to be a very active one, or as the phrase is, "sharp and decisive."

The Schools.

The classes in the various colleges are, as far as we have been able to determine, larger than last year, and their respective faculties are making every effort to render instruction thorough and practical.

Cholera and the Health Commissioners.

A few days ago the Commissioners of Health of this city held a meeting, in which the subject of cholera was discussed. The Commission is composed of the Mayor, the City Inspector, the Resident Physician Dr. Sayre, Quarantine Physician and Health Officer of the Port Dr. Swinburne, and his able Assistant Dr. Walser, the Commissioner of Health, and the Presidents respectively of the boards of Aldermen and Councilmen; Mayors Cleveland, of Jersey City, and Wood, of Brooklyn, were also present.

Mayor Gunther presided. He stated that it had been considered prudent to call the health commissioners together in order to take whatever preventive measures might be deemed necessary.

Dr. Swinburne, health officer of the port, stated that he had been requested and urged by the Governor to take immediate measures to prevent the introduction of the epidemic. The Secretary of State had also communicated with him to the same purpose. He believed one mode by which cholera is disseminated is by the diseased secretions of patients, and he thought some place should be selected for the detention of all passengers in whom there was the slightest suspicion of disease. He thought the general government would do all in its power to protect the coast. He anticipated that even if the contagion should get here, but few cases of its development might be expected during the winter. He thought it would be very unsafe to have infected vessels anchor in the North or East rivers, or at Staten Island or Coney Island. Provision had been made to guard against yellow fever and small-pox, but something additional was necesary in the precautions against the introduction of the cholera or Russian plague.

Mayor Gunther suggested that the health officers and quarantine commissioners should agree upon a plan which the commissioners might proceed to put into execution.

City Inspector Boole was in favor of convening the Board of Health at once. He urged that it had full powers to take the necessary action. It could regulate the sanitary affairs of the city, and it was only necessary for the commissioners to make quarantine regulations.

Dr. Jones, of Brooklyn, thought the detention of ships and passengers a secondary consideration. The sanitary condition of the cities should be looked after.

Dr. Sayre said that it was an object of the meeting to have all the surrounding cities represented in this meeting for advice and counsel. New Jersey, and every other state in the Union, in fact, was vitally interested in the prevention of this epidemic. His point was, that the sanitary condition of the city should be better than ever; in fact, in a perfect sanitary condition all the time, for preventing the creation of any epidemic; but he believed that the cholera cannot be generated here unless the contagion is imported from abroad. Importing it when the city is in a bad sanitary condition, and thus favorable for the propagation of disease, would cause it to spread with great rapidity. Therefore we must not only keep the city in the best sanitary condition possible, but use unusual vigilance to prevent its importation.

In substantiation of his views he read extracts from the Report of Dr. Müllig, of the epidemic in Constantinople, (published in extenso in a recent number of the Reporter.)

Dr. Sayre further remarked that great fear and anxiety had a great deal to do in the propagation and spread of the disease, and influenced the physical condition to such a degree as to make persons more subject to it than they would otherwise be. He thought if the people understood the single fact that the cholera is not necessarily a fatal disease, and that it always is preceded by certain premonitory symptoms, such as lassitude, great languor, debility, and a diarrhœa, and that in this stage of the disease it is nearly always curable, if the proper precautionary measures are taken, it would tend to allay the popular terror. At this stage of the disease, it is of the first importance to pay attention to the first symptom, which is the diarrhœa. At the very first approach, the patient should assume the horizontal posture and retain it, with the hips higher than the shoulders, and under no circumstances assume the perpendicular, even for a moment. Absolute, positive rest is needed; the body being kept in a warm condition. Any artificial means can be used for that which may be necessary. The main thing is the horizontal position, and perfect rest at the very commencement of the disease. If the patient is down stairs when taken, let him stay there, or be carried up; but do not let him walk up. If he is out visiting, let him stay at his friend's house. Keeping this position for forty-

eight hours, in the majority of instances, the disease will pass over, and the patient on recovery need make no very great changes in his mode of life. Of course, if he has bad habits, he should reform them; eat and drink rationally, and attend to business as usual, but not overdo himself. In the peculiar condition of the atmosphere when a pestilence is abroad, the system is rendered more liable to exhaustion, and he should husband his strength by avoiding violent exercise. With these few precautionary measures, and a proper sanitary condition of the city, and a rigid enforcement of quarantine, we may hope to escape any pestilential epidemic.

The following resolution was adopted:

Resolved, That Hon. Orestes Cleveland, Mayor of Jersey City; Dr. Jones, Health Officer of Brooklyn; Dr. Swinburne, the Health Officer of the Port of New York, and Dr. Sayre, the Resident Physician of New York, be appointed a committee to draft an application to the general Government to obtain a suitable site for the detention of cholera patients and passengers from vessels infected with cholera arriving at this port.

There is no question that the condition of this city as regards cleanliness, demands the most energetic measures to ensure exemption from the ravages of cholera, or any other epidemic which should reach our shores, and we can but hope that the exertions of the Health Commissioners, and especially of its medical members, will be crowned with success. L.

New York, Nov. 8th, 1865.

News and Miscellany.

Progress of the Cholera.

We continue to give further details of the progress of cholera, as they reach us through European papers and other sources.

FRANCE. According to the *Temps* of the 16th ult., there were on Thursday 210 deaths, on Friday 180, on Saturday 212, on Sunday 200. The *Union Médicale*, of the 14th ult., states that there had been a decrease in the cases of death in the Paris Hospitals, which is ascribed to the circumstance that since the presence of cholera in Paris had become known, patients were sent earlier to hospitals, which increased their chances of recovery.

The United States Consul at La Rochelle, furnishes the Department of State with the following information in regard to the progress of the cholera within that consular district, under date of September 30, 1865.

"The cholera seems to follow the railroad from Marseilles via Ailes and Nismes, toward Bordeaux. The policy of the French press appears to be secretive, in order to allay the fears and apprehensions of the people. One case has appeared here—that of a child taken ill at 3 P. M., deceased and buried the same evening.

"In 1832, the cholera did not, by any means, overlook La Rochelle, and in the Ile de Re, lying opposite the port, one-sixth of the entire population was swept away."

The Paris Academy of Science, in a recent discussion on the subject, has reached the following conclusions:

1. That Asiatic cholera is in all well authenticated cases preceded by premonitory symptoms. 2. That these symptoms may be removed with the greatest ease, and with the certainty that, once removed, the dangerous period need not be feared. 3. That a wholesome strengthening diet, and the commonest attention to the state of the general health of the individual, will prevent the occurrence of any alarming symptoms; and 4. That ignorance and imprudence, habitual neglect of cleanliness, and unhealthy dwellings, are the only causes of fatal cases; that, in short, cholera is a disease much less to be dreaded than typhus fever and other epidemics, by which we are often unconsciously surrounded.

The Academy recommended treatment and attention in the early stages of the disease, and showed that out of 130,000 visitations in England, 6000 persons narrowly escaped real cholera, while only 250 actually had the disease. In other words, the system of visitation prevented 5750 cases of cholera.

SPAIN. The news from Madrid is very discouraging. On the 12th of October the number of deaths from cholera reached 175; whole number of cases attacked on that day 540. The inhabitants are perfectly panic stricken and leaving the city by thousands. The crowds at the railroad depots were so large that troops had to be stationed to preserve order. People rush into the cars without tickets, for fear of being left behind.

PORTUGAL. The epidemic has made its appearance in the city of Eloas, near the Spanish frontier, about ten miles from Bajados.

ENGLAND. Numerous deaths from Asiatic cholera are reported at Epping, near London.

MALTA. Here the epidemic was still prevailing, limited, however, to the poorest villages and lowest class. The panic has subsided, and people are returning home.

At ALEXANDRIA, the disease has nearly disappeared; in CAIRO, it is, however, still spreading.

Medical Prizes.

The French Academy of Sciences has offered for the current and following years, among others, the following prizes:

Comparative Anatomy of the Nervous System of Fishes—3000 francs. 1st November next.

On the Production of Hybrid Animals by means of Artificial Fecundation—3000 francs. 31st December, 1865.

On the Application of Electricity to Therapeutics—5000 francs. 1st June, 1866.

On the Preservation of Limbs by Preserving the Periosteum—20,000 francs, one-half of which by the Emperor. 1st June, 1866.

The BRÉANT prize for a Sure Remedy against Cholera—100,000 francs, or for the Cure of Cutaneous Diseases—5000 francs. 1st June, 1866.

Army and Navy News.

ARMY.

Surgeons and Assistant Surgeons Mustered Out.—Orders have been issued for the immediate discharge of the following surgeons and assistant surgeons of the volunteer force:

Surgeons.—S. W. Gross, Morse K. Taylor, J. C. Irwin, Jabez Perkins, John P. G. Baxter, T. F. Azpell, J. Theodore Heard, Thomas W. Fry, Norman S. Barnes, Charles W. Sevasey, George S. Kemble, J. H. Grove, A. N. Dougherty.

Assistant Surgeons—M. K. Moxley, Nelson E. Drake, William N. Duncan, J. W. McDermott, John Miles J. T. Barnes, Charles A. McCall, W. F. Cormick, P. S. Conner, W. F. Norris, R. M. Lackey.

Reduction of the Medical Service.—The following important order, reducing the medical service, has been issued. The effect of this order is to place the medical staff of the army on the same footing, as regards rank and numbers, as before the war.

War Department,
Adjutant-General's Office,
Washington, Oct. 31, 1865.

(Extract.)

Special Orders, No. 56.—On account of the reduction in the number of patients in the United States general hospitals, the offices of Assistant Surgeon-General, Medical Inspector-General and of Medical Inspectors, are, on the recommendation of the Surgeon-General, discontinued from this date, and the following officers are hereby honorably mustered out of the service of the United States; Robert C. Wood, Assistant Surgeon-General, with the rank of Colonel; Madison Mills, Inspector-General, with the rank of Colonel; John M. Cuyler, Medical Inspector, with the rank of Lieutenant-Colonel; Richard H. Coolidge, Medical Inspector, with the rank of Lieutenant-Colonel; Charles C. Keeney, Medical Inspector, with the rank of Lieutenant-Colonel; Edward P. Vollum, Medical Inspector, with the rank of Lieutenant-Colonel; John E. Summers, Medical Inspector, with the rank of Lieutenant-Colonel.

XIV. The following named medical officers, U. S. A., will, on receipt of this order, report by letter to the Surgeon-General for assignment to duty: Surgeons Robt. C. Wood, John M. Cuyler, Madison Mills, Richard H Coolidge, Charles C. Keeney, John E. Summers, Edward P. Vollum.

XV. Under the provisions of General Orders, No. 79, May 1, 1865, from this office, the services of the following named Medical Inspectors, with the rank of Lieutenant Colonel, being no longer needed, they are hereby honorably mustered out of the service of the United States. They will receive no final payments until they have satisfied the Pay Department that they are not indebted to the United States: George H. Lyman, George T. Allen, Lewis Humphreys, Peter Pineo, Augustus C. Hamlin, N. S. Townsend, George W. Stipp, John Wilson, John L. Le Conte, E. D. Kittoe.

By order of the Secretary of War.

E. D. Townsend, Assistant Adjutant-General.

MARRIED.

Borham—Duggan.—At Quincy, Mass., Oct. 19, by Rev. J. D. Wells, Mr. Robert H. Borham and Miss Eunice Angelina Duggan, daughter of Dr. William B. Duggan.

Buckhout—Hoffman.—In Sing Sing, N. Y., Nov. 1, by the Rev. Minot M. Wells, Alfred Buckhout, Esq. and Cornelia A., daughter of Adrian K. Hoffman, M. D.

Colton—Gray.—At Brooklyn, N. Y., Oct. 25, by the Rev. Dr. R. Storrs, Jr., and the Rev. Dr. Blagden, of Boston, Dr. F. H. Colton and Miss Alice, daughter of the late Prof. Alonso Gray, both of Brooklyn.

Corbus—Winans.—By Rev. B. C. Critchlow, Sept, 7th, John Corbus and Miss Elsey, daughter of Dr. Isaac Winans, all of New Brighton, Pa.

King—Morelle.—At St. Paul's church, Glen Cove, L. I., Oct. 31, by the Rev. Thomas F. Mallaby, J. Otis King, of New York, and Ella, adopted daughter of Dr. M. Morelle, of Glen Cove.

Love—Stone.—Sept. 28th, by Rev. Alexander S. Marshall, assisted by Rev. James S. Fullerton, John S. Love, M. D., and Miss Alice C. Stone, both of Springville, Iowa.

Place—Livor.—At the Madison Square church, New York, Nov. 2, by the Rev. Henry Ward Beecher, Mr. George Place and Miss Iphigenia Z. Livor, daughter of Dr. Livor, of that city.

Reed—Sartwell.—At Iron Hill, Jackson co., Iowa, Oct. 17th, by Rev. H. W. Houghton, W. Lynn Reed, M. D., and Miss Mollie, daughter of A. Sartwell, Esq., of that place.

Small—Baum.—On the 1st inst., by the Rev. W. M. Baum, of York, Pa., W. B. Small, M. D., and Miss Mary A. Baum, of this city.

Smith—Murphy.—Oct. 31st, at the residence of the bride's father, by the Rev. J. Y. Cowhick, Dr. William F. Smith, late Surgeon 73d Pa. Vols., and Miss Hannah Murphy, all of Chanceford, Pa.

DIED.

Bell.—On the 16th of September last, in Butler, Pa., of dysentery, Rebecca Jane, eldest daughter of Dr. James H. and Mrs. Mary Bell. aged 11 years and 8 days.

Hopkins.—At Felton, Delaware, on the 31st ult., Sallie S., wife of Dr. B. C. Hopkins, and daughter of the late Prof. Thomas E. Sudler, of Wilmington, in the 30th year of her age.

McKinney.—On the 27th of October, in the 38th year of her age. Susan, wife of Isaac McKinney, M. D., of Jersey Shore, Pa., and daughter of the late John Tomlinson, of Philadelphia.

Parke.—In Radnor, Pa., on Sunday morning, Oct. 29th, Dr. J. Siter Parke, aged 37 years.

ANSWERS TO CORRESPONDENTS.

Dr. J L. D., Conshohocken, Pa.—Lialiemand's Porte Caustique, sent by Mail, Oct. 30th.

Dr. G. C., Charleston, S. C.—Caustic Holder, sent by Mail, Oct. 30th.

Dr. A. H. S., Eaton, Ohio.—Ear Instrument, sent by Mail, Oct. 28th.

Dr. G. S. B., Hartford, Conn.—Carpenter's Lectures, sent by Mail, Nov. 1st.

Dr. L. C B., Essex. Vt.—Books and Drugs sent per W. Ellis & Co, druggists, Oct. 30th.

Dr. B. F. B., Coventry, Conn.—The price of Reporter and Physicians' Hand Book of Practice" is $5.25.

METEOROLOGY.

October	30,	31,	N. 1,	2,	3,	4,	5.
Wind	S E.	N. E.	S. W.	S W.	E.	S. E.	N. W.
Weather	Clear.	Cl'dy, Rain.	Clear.	Cl'dy, Rain.	Cl'dy, Rain.	Cl'dy, Rain.	Cl'dy, h.wind s. hail, equ'ly.
Depth Rain		5-10		1-10		1 in.	
Thermometer.							
Minimum	31°	38°	34°	35°	40°	40°	38°
At 8 A. M	49	43	42	41	52	53	46
At 12 M	52	48	55	54	53	55	50
At 3 P. M	53	47	55	54	53	55	51
Mean	46.25	44.	46.50	46.	49.50	50.75	45 75
Barometer.							
At 12 M	30.5	30 4	30.4	30.2	30 1	29.9	29.7

Germantown, Pa. B. J. Leedom.

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☞ *We are in pressing need just now of a few copies for new subscribers, of No. 414, Feb. 4, 1865.*